

50201. Medi-Cal Programs -General.

(a) A person or family may be eligible for Medi-Cal under one of the following programs.

(1) Aid to Families with Dependent Children (AFDC).

(2) Supplemental Security Income/State Supplemental Program (SSI/SSP).

(3) Other Public Assistance (Other PA).

(4) Medically Needy (MN).

(5) Medically Indigent (MI).

(6) Miscellaneous Special Programs.

(7) Medi-Cal Special Treatment Programs.

50203. Medically Needy Program.

(a) A person's eligibility shall be determined under the Medically Needy program if that person is any of the following:

(1) An aged, blind or disabled person who meets one of the following conditions:

(A) Is not eligible for or does not want to receive assistance as a PA or Other PA recipient.

(B) Has an application pending for SSI/SSP.

(2) A child or family member who is both:

(A) Linked to AFDC in accordance with Section 50205.

(B) Not eligible for or does not want to receive assistance as a PA or Other PA recipient.

(3) A caretaker relative who chooses to be included in a child's MFBU in accordance with Section 50373 (a)(5) (A) 13 or when all children are PA or other PA.

(b) A person who meets the conditions of more than one of the following categories shall have eligibility determined on the basis of the category listed first unless the person requests otherwise:

(1) Blindness, as defined in Section 50219.

(2) Age, as defined in Section 50221.

(3) Disability, as defined in Section 50223.

(4) Linkage to AFDC, as defined in Section 50205.

(c) In order to be eligible under this program the persons listed in (a) shall meet the property, citizenship, residence, institutional status and cooperation requirements specified in these regulations.

(d) In order to be certified and receive a Medi-Cal card under this program, the persons listed in (a) shall be determined eligible and meet the income and share-of-cost requirements specified in these regulations.

50205. Linkage to AFDC.

(a) Linkage to AFDC exists if a child is living with a relative and deprived of parental support or care. Deprivation shall be established if all conditions of any one of the following sections are met at any time during the month:

(1) Deprivation -Deceased Parent, section 50209.

(2) Deprivation -Physical or Mental Incapacity of Parent, Section 50211.

(3) Deprivation -Absent Parent, Section 50213.

(4) Deprivation -Unemployed Parent, Section 50215.

(b) A child who is deprived of parental support or care for more than one reason, may have linkage to AFDC established on any basis of deprivation that is listed in (a). The advantages and disadvantages of each basis shall be explained to the applicant or

beneficiary and the basis of deprivation shall be the choice of the child's parent or caretaker relative.

(c) All family members living in the home, except those children excluded from the MFBU in accordance with Section 50381 and children who are ineligible for Medi-Cal, shall be considered in determining whether linkage to AFDC exists. Family members also include persons who are PA or other PA recipients.

50207. Deprivation -Relinquishment for Adoption.

50209. Deprivation -Deceased Parent.

(a) Deprivation of parental support or care exists if either of the child's parents is deceased.

(b) Children of a deceased parent and the remaining parent living with the child shall be linked to AFDC on the basis of this deprivation factor.

50211. Deprivation -Physical or Mental Incapacity of a Parent.

(a) Deprivation of parental support or care exists if either of the child's parents is physically or mentally incapacitated.

(b) A parent is incapacitated if such parent has a physical or mental illness, defect or impairment that is expected to last at least 30 days, is verifiable in accordance with Section 50167, and does either of the following:

(1) Reduces substantially or eliminates the parent's ability to support or care for the child.

(2) Causes one of the following situations:

(A) The parent is prevented from working full-time at a job in which customarily engaged, and from working full-time on another job for which equipped by education, training or experience or which could be learned by on-the-job training.

(B) Employers refuse to employ the parent for work the parent could do and is willing to do, because of behavioral or other disorders which interfere with the securing and maintaining of employment.

(C) The parent is prevented from accomplishing as much on a job as a regular employee and, as a result, is paid on a reduced basis.

(D) The parent is blind or disabled in accordance with Section 50223(a)(1) or (b).

(E) The parent has qualified for and is employed in a job which is rehabilitative or therapeutic or is in a sheltered workshop, and which is not considered to be full-time.

(c) The following persons shall be linked to AFDC on the basis of this deprivation factor:

(1) The children of an incapacitated parent.

(2) The incapacitated parent.

(3) The spouse of the incapacitated parent or the second parent of the children whose basis of deprivation is an incapacitated parent.

#### 50213. Deprivation-Absent Parent.

(a) Deprivation of parental support or care exists if there is continued absence of one or both of a child's parents from the home.

(b) Deprivation does not exist when one or both of the parents is absent from the home on a temporary basis, such as for a:

(1) Visit.

(2) Trip.

(3) Temporary assignment undertaken in connection with current or prospective employment.

(4) Parental absence due solely to active duty in the uniformed services of the United States. Uniformed services means the Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanographic and Atmospheric Administration and Public Health Service of the United States.

(c) Continued absence shall be considered to exist when a parent is physically absent from the home and both of the following conditions exist:

(1) The nature of the absence results in an interruption or termination of the parent's functioning as a provider of maintenance, physical care, or guidance for the child, regardless of the reason for the absence or the length of time the parent has been absent.

(2) The known or indefinite duration of the absence precludes counting on the parent's performance of the function of planning for the present support or care of the children.

(d) When the conditions specified in (c) exist, regular or frequent visits with the child by a parent who is physically absent from the home shall not in and of itself prevent a determination that "continued absence" exists. "Continued absence" shall be considered to exist when the child lives with each parent for alternating periods of time.

(e) If the parent in the home has stated on the Statement of Facts that the other parent has left the family, this shall be considered to mean that there is continued absence unless the county department has conflicting information. In the case of conflicting information, the written statement shall be supported by at least one of the following:

(1) Written statements of the absent parent or other persons with prior knowledge of the family relationship.

(2) The actions of the applicant or beneficiary or the absent parent clearly indicate:

(A) Physical absence of the other parent.

(B) Interruption of or marked reduction in marital and family responsibilities.

(3) Other evidence that substantiates continued absence.

(f) Absence of a parent on active duty in the Armed Forces may or may not constitute deprivation, dependent upon whether or not the facts in the individual case indicate an interruption of, or marked reduction in, marital and family responsibilities. The county department shall determine if deprivation exists by examining each case individually in light of all relevant factors, including:

(1) Length of absence.

(2) Assignment to a duty station to which the family may not move.

(3) The financial impact on the family, if the parent may be accompanied to that station.

(4) The extent of family disruption that would be caused if family members would have to give up employment to accompany the parent to the assigned duty station.

(g) Children of an absent parent, and the parent in the home, shall be linked to AFDC on the basis of this deprivation factor. If the parent in the home is married, and the spouse also has children from a prior union, the following persons shall be linked to AFDC:

(1) The children of each parent, other than mutual children.

(2) Both parents.

#### 50215. Deprivation-Unemployed Parent.

(a) Deprivation of parental support or care exists if a parent with whom the the child lives is any of the following as limited by (b), (c) and (d):

(1) Not working.

(2) Working less than 100 hours a month.

(3) Employed on an intermittent basis more than 100 hours per month and the hours in excess of 100 hours are of a temporary nature. Temporary nature is shown if the parent was under the 100 hour standard for the two prior calendar months and is expected to be under the standard during the next month.

(4) Unemployed and has been accepted for or is participating in an education or training program essential to future self-support which is all of the following:

(A) Directed toward a specific occupation and will qualify the unemployed person for an occupation in demand in the local area.

(B) A program which will be completed by the unemployed person within a maximum of two years.

(C) Not a program which involves post baccalaureate work.

(b) For deprivation due to unemployment to exist, the unemployed parent must meet all of the following conditions:

(1) Is the principal wage earner as determined in accordance with (c).

(2) Has not been employed, or has worked less than 100 hours, in the last 30 days.

(3) Is available for and actively seeking employment.

(4) Has not, without good cause, within the last 30 days either:

(A) Quit a job or employment related training.

(B) Refused a bona fide offer of employment or employment related training.

(5) Possesses, or has applied for, a Social Security number.

(6) Has not refused to apply for and accept any unemployment insurance benefits (UIB) to which he is entitled.

(7) Has established a connection with the labor force in either of the following ways:

(A) By meeting one of the following requirements in 6 calendar quarters within any 13 calendar quarter period ending within the year prior to the month of application for Medi-Cal:

1. Earns a gross income of at least \$50 during the quarter.

2. Participated for at least five days during the quarter in any activity administered under any of the following:

a. The Work Incentive (WIN) program.

b. The Work Incentive Demonstration Program (WIN Demo).

c. The Community Work Experience Program (CWEP).

d. The Greater Avenues for Independence (GAIN) Program.

3. A combination of 1. and 2.

(B) By having received, or having been eligible to receive, UIB within the year prior to the month of application. A person is eligible to receive UIB if either of the following conditions is met:

1. The person would have been eligible to receive unemployment compensation upon filing an application.

2. The person performed work not covered by Unemployment Compensation Law, and the coverage of such work, if combined with any covered work, would create eligibility to receive unemployment compensation upon filing an application.

(8) Is not unemployed throughout the month as a result of participation in a labor dispute.

(c) The principal wage earner is the parent who has earned the greater amount of income in the 24 month period immediately preceding either of the following:

(1) The month of application, reapplication or restoration.

(2) The date of a redetermination that a family's circumstances have changed in such a way as to meet the requirements for deprivation due to the unemployment of a parent.

(d) The following persons shall be linked to AFDC on the basis of this deprivation factor:

(1) The children of the unemployed parent.

(2) The unemployed parent.

(3) The second parent of the children whose basis of deprivation is unemployed parent.

50216. Good Cause -Refusal of Employment.

(a) Good cause for refusal of employment or training or for quitting a job or training as required in Section 50215 (b), shall be found if the applicant or beneficiary refuses or quits for any of the following reasons:

(1) The offer of employment was from an employer who did not:

(A) Possess an appropriate license to engage in business.

(B) Withhold or hold in trust the employee contributions required by Part 2 of Division 1 of the Unemployment Insurance Code, Section 2601 et seq., for unemployment compensation disability benefits and does not transmit all such employee contributions to the Department of Social Services as required by Section 986 of the Unemployment Insurance Code.



(C) Carry either workers' compensation insurance or possess a certificate of self-insurance as required by Division 4 of the Labor Code, Section 3201 et seq.

(2) The employment or training violated applicable health and safety laws and regulations.

(3) The wage offered for the employment or training was less than the applicable state or federal minimum wage or was lower than the customary wage in the community for that particular employment or training as set by the Employment Development Department, whichever is higher.

(4) The acceptance of employment would preclude completion of a job training or educational program approved by the state or county.

(5) The employment or training was in excess of the individual's mental or physical capacity.

(6) The individual was ill or required to care for an ill member of the immediate family and no other care arrangements were feasible.

(7) Child care arrangements could not be made.

(8) The individual was without a means of getting to or from the place of employment or training.

50216.5. Linkage to AFDC-Placement in Foster Care.

50217. Linkage to SSI/SSP.

50219. Blindness.

(a) Persons shall be considered to be blind if there has been a medical determination that they have either of the following conditions:

(1) Central visual acuity of no more than 20/200 with correction.

(2) Tunnel vision, which is a limited visual field of 20 degrees or less.

50221. Age.

(a) Persons are aged if they are 65 years of age or older. Persons are considered to be 65 years of age on the first day of the month in which they reach age 65.

50223. Disability.

(a) Persons 18 years of age or over are disabled if they meet the definition in (1) or the definition in (2):

(1) Federally disabled persons are persons who meet the definition of disability in Title II or Title XVI, Social Security Act.

(2) SGA-disabled persons are persons who were once determined to be disabled in accordance with the provisions of the SSI/SSP program (Section 1614, Part A, Title XVI, Social Security Act) and meet both the following conditions:

(A) Were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations.

(B) Continue to suffer from the physical or mental impairment which was the basis of the disability determination.

(b) Children who are under 18 years of age shall be considered to be disabled if they have any medically determinable physical or mental impairment of comparable severity to that which would make an adult disabled in accordance with (a)(1) or (2).

(c) Eligibility or share of cost determinations effective on or after January 1, 1980 shall be based on the provisions of this Section.

50227. Public Assistance Cash Grant Programs.

(a) Public assistance cash grant programs include the following programs:

(1) AFDC.

(2) SSI/SSP.

(3) Cuban Refugee Cash Grant.

(4) Indochinese Refugee Cash Grant.

(5) Emergency Assistance (EA).

(b) Except as provided in (d) and (e) below, persons receiving a cash grant under any one of the programs specified in (a) shall automatically receive a Medi-Cal card for each month in which they receive the cash grant.

(c) Except as provided in (d) and (e) below, persons not currently in receipt of a cash grant under one of the programs specified in (a), shall automatically receive a Medi-Cal card for each month in which they are ineligible for the cash grant because of either of the following reasons:

(1) Their cash grant has been suspended for an administrative reason such as to:

(A) Determine the amount of the cash grant.

(B) Adjust an overpayment.

(C) Change the recipient's representative payee.

(2) They are in the Zero Basic Grant category because the net income of the family exceeds the AFDC payment standard but does not exceed the Minimum Basic Standard of Adequate Care (MBSAC).

(d) Persons who (1) fail to assign to the state their rights or the rights of individuals for whom they can legally assign rights to medical support and/or (2) fail to cooperate, without good cause, in identifying and providing information regarding any other coverage or any third party who is or may be liable to pay for medical coverage, care, services, or support payments (including individuals required to cooperate in the establishment of paternity) shall be ineligible for Medi-Cal.

(e) Persons shall not be considered Public Assistance recipients for purposes of Medi-Cal eligibility when the following conditions exist. The person is both:

(1) Age 21 years or older.

(2) Receiving AFDC for which federal financial participation is not obtainable or EA as part of an unemployed parent family.

#### 50237. Other Public Assistance Program.

(a) The Other Public Assistance Program consists of categories of Medi-Cal beneficiaries defined in Sections 50243 through 50247. Except as specified in Sections 50243 through 50247, individuals applying for Medi-Cal under any of the Other Public Assistance Program categories shall meet all of the requirements of AFDC or SSI/SSP.

50241. Children Not in School or Training.

50243. Four Month Continuing Eligibility.

(a) The Four Month Continuing category includes persons who were:

(1) Discontinued from AFDC due solely to increased earnings from employment or increased hours of employment of a child in or added to the AFDC unit or a parent of a child or added to the filing unit, and were members of a family receiving an AFDC cash grant or eligible under Section 50227 (c)(1) in at least three of the six months immediately prior to the month they became ineligible for AFDC.

This Four Month Continuing category does not include persons who were discontinued from AFDC due to any of the following:

(A) A stepparent contribution.

(B) An increase in a stepparent contribution.

(C) The return of an absent parent to the home which ends deprivation.

(D) The stepparent's ability to meet the needs of the parent.

(E) The expiration of the \$30 plus 1/3 or \$30 earned income disregard.

(2) Discontinued from AFDC due (wholly or in part) to the collection or increased collection of child/spousal support, beginning August 1, 1984 and ending September 30, 1988 providing such persons were receiving an AFDC cash under Section 50227 (c)(1) in at least three of the six months prior to the month they became ineligible for AFDC.

(b) Eligibility for Four Month Continuing based on increased earnings or hours of employment shall continue for a period of four months following the most recent month in which the family became ineligible for AFDC, providing that the family maintains California residency and a family member continues to be employed.

(c) Eligibility for Four Month Continuing based (wholly or in part) on the collection or increased collection of child/spousal support shall continue for a period of four months following the most recent month in which the family became ineligible for AFDC.

50244. Nine Month Continuing Eligibility.

(a) The Nine Month Continuing category includes persons who were discontinued from AFDC due solely to the expiration of the \$30 plus 1/3 or \$30 earned income disregard specified under that program.

(b) Eligibility under this category shall continue for a period of nine consecutive months following the most recent month in which the family became ineligible for AFDC, regardless of whether the other conditions of eligibility are met.

(c) The provisions of this regulation also apply to eligibility determinations or redeterminations made retroactively to October 1, 1984.

#### 50245. In-Home Supportive Services (IHSS).

(a) A person shall be eligible under the In-Home Supportive Services (IHSS) category if the person is receiving IHSS as defined in the social services regulations of the Department of Social Services and all of the requirements in either (1) or (2) are met:

(1) The person:

(A) Is eligible for SSI/SSP but does not wish to apply or would be eligible for SSI/SSP except that the person's income is in excess of the SSI/SSP payment level.

(B) Is paying all of his or her net non-exempt income in excess of the SSI/SSP payment level toward the cost of IHSS.

(2) The person:

(A) Was once determined to be disabled in accordance with Section 1614, Part A, Title XVI, Social Security Act.

(B) Was eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations.

(C) Continues to suffer from the physical or mental impairments which were the basis of the disability determination.

(D) Has been determined by the county social services staff to require assistance in one or more of the areas specified under the definition of severely impaired in the social services regulations of the Department of Social Services.

(E) Is paying all of his or her net non-exempt income in excess of the SSI/SSP payment level toward the cost of IHSS.

(b) The provisions of this regulation shall also apply to eligibility determinations or redeterminations made retroactively to January 1, 1979.

50247. Twenty Percent Social Security Increase.

(a) The Twenty Percent Social Security Increase category includes persons or families who were all of the following:

(1) Eligible for or receiving a cash grant in August 1972.

(2) Entitled to monthly Social Security benefits in August 1972.

(3) Discontinued from cash grant eligibility solely because of the 20 percent increase in Social Security benefits under Public Law 92-336.

(b) Persons or families considered to have been eligible for or receiving a cash grant in August 1972 are those persons who were:

(1) Receiving a cash grant.

(2) Not receiving a cash grant due to adjustment for overpayment.

(3) Not receiving a cash grant because it had been suspended in order to determine the amount of the grant.

(4) Not receiving an AFDC cash grant because their income was less than the MBSAC but greater than the payment standard.

(5) Eligible for a cash grant but refused it.

(c) Persons or families considered to have been entitled to Social Security benefits in August 1972, are those persons who either:

(1) Received Social Security benefits in August 1972.

(2) Subsequently received Social Security benefits which included retroactive payment for August 1972.

(d) Eligibility under this category shall be determined as follows:

(1) Establish that the conditions in (a) are met.

(2) Determine, on the Computation of SSP Payment for Adult Aid Recipients, SSP 1, or the AFDC Budget Worksheet, CA 241, the net income in accordance with SSI/SSP or AFDC regulations, whichever is appropriate.

(3) Subtract the amount of the 20 percent Social Security increase received in October 1972 from the net income.

(4) If the amount determined in (3) is less than the MBSAC or the SSI/SSP payment level, whichever is appropriate, the person is eligible under this category.

50249. Medically Needy Program.

50251. Medically Indigent Program.

(a) A person under 21 years of age shall have eligibility determined under the Medically Indigent program if that person is any of the following:

(1) A person who cannot meet the eligibility requirements as a PA or Other PA recipient, an MN person, or an MN family member.

(2) A person who is not an MN family member because of the exclusion of a child from the MFBU.

(3) A child who is not living with a parent or relative and for whom a public agency is assuming financial responsibility in whole or in part.

(4) A child receiving assistance under Aid for Adoption of Children.

(5) A child who is not eligible as an AFDC MN person because the child is not living with a relative.

(6) A person under 21 years of age who can qualify as an MN blind or disabled person but chooses to apply as an MI person. The choice may be made by a person acting on behalf of the person under 21 years of age.

(b) A person age 21 years or older shall have eligibility determined under the Medically Indigent program if that person is all of the following:

(1) Under age 65.

(2) Unable to meet the eligibility requirements as PA or Other PA recipient, an MN person, or an MN family member.

(3) Either pregnant or residing in a skilled nursing or an intermediate care facility.

(c) In order to be eligible under this program, the persons listed in (a)(1), (2), (5), (6) and (b) shall meet the property, citizenship, residence, institutional status and cooperation requirements specified in these regulations.

(d) In order to be certified and receive a Medi-Cal card under this program the persons listed in (a)(1), (2), (5), (6) and (b) shall be determined eligible and meet the income and share of cost requirements specified in these regulations.

(e) Children specified in (a)(3) shall be eligible and certified for Medi-Cal:

(1) On the basis of the information provided by the public agency on form MC 250.

(2) Without considering the property or income of the child or the child's parents.

(f) The children specified in (a)(4) above shall be eligible and certified for Medi-Cal without any additional determinations by the county department.

(g) For purposes of this section:

(1) Persons are considered 21 years of age on the first day of the month following the month in which they reach age 21.

(2) Persons are considered 18 years of age on the first day of the month in which they reach age 18.

50253. Miscellaneous Special Programs.

Miscellaneous Special Programs are those specified in Sections 50255 through 50263.

50255. Repatriate Program.

Persons eligible for cash payments and other assistance under the Repatriate program shall not be eligible for Medi-Cal. Medi-Cal eligibility may be established upon discontinuance from the program.

50256. Qualified Disabled and Working Individual Program.



(a) Eligibility Criteria: To receive Medi-Cal benefits under the Qualified Disabled and Working Individual Program an eligible individual must:

(1) Be entitled to enroll in Part A Medicare hospital insurance benefits for the disabled and working, and

(2) Not have net nonexempt income that exceeds 200 percent of the federal poverty level as defined by Section 50041.5. The qualifying income level as defined in Section 50571 (the share of cost process for incurred medical expenses under Article 12 of this chapter) is not applicable under this program, and

(3) Not have property that exceeds twice the resource limit as defined by Section 50421.5.

(b) Period of Eligibility: Eligibility for the Qualified Disabled and Working Individual Program shall be in accordance with Sections 50701, 50703 and 50710.

(c) Benefits: The Department shall pay Medicare Part A hospital premiums for qualified disabled and working individuals as defined in Section 50079.6.

50257. Refugee Medical Assistance (RMA) and Entrant Medical Assistance (EMA).

(a) Refugees and entrants who are not otherwise eligible for Medi-Cal under federally-funded AFDC, SSI/SSP, MN or Medically Indigent Child programs may be eligible for Medi-Cal through the special federal programs of Refugee Medical Assistance (RMA) or Entrant Medical Assistance (EMA).

(b) Refugees and entrants who apply for Medi-Cal under the RMA or EMA programs shall:

(1) Meet the definition contained in the Department of Social Services (DSS) Manual of Policy and Procedures (MPP) of "refugee" (MPP sections 69.203.1 and 69.203.2), "children of refugees" (MPP section 69-203.3), or "entrant" (MPP sections 69-301 through 69-305).

(2) Have their eligibility for Medi-Cal under the RMA or EMA programs determined in accordance with articles 4 through 13 (commencing with section 50141) of this chapter; however, in-kind services and/or shelter provided to refugees by a sponsor or resettlement agency are not to be considered as income.

(3) Provide the name of the resettlement agency to the county welfare department.

(c) Recipients of Refugee Cash Assistance (RCA) or Entrant Cash Assistance (ECA) shall automatically receive a Medi-Cal card. But receipt of RCA/ECA is not a condition of RMA/EMA eligibility. Refugees may apply for "RMA/FMA-Only" benefits.

(d) Recipients of RCA/ECA who become ineligible for these cash programs solely because of increased earnings from employment will continue to be eligible for up to eight months of transitional RMA/EMA benefits with no share-of-cost. Eligibility for RMA/EMA is limited until the end of the RMA/EMA time-eligibility period specified in subsection (e) of this Section.

(e) Eligibility for Medi-Cal under the RMA or EMA programs shall be limited to the shorter of the following periods:

(1) The refugee's first eight months of United States residency, beginning with the month of entry, or the entrant's (including entrant children born in the United States resettlement camps) first eight months of parole (release from Immigration and Naturalization Service custody).

(2) The time period for which DHS determines that sufficient federal funds are available under the Refugee Resettlement Program (RRP) and Cuban and Haitian Entrant Program (CHEP).

(f) Refugees shall be ineligible for RMA/EMA if:

(1) They have been denied or terminated from RCA/ECA for failure or refusal to comply with registration, employment, education or training requirements of MPP section 69-208; or

(2) They are full-time students in an institution of higher education, as defined by MPP section 69-206.51, except where such enrollment is part of an employability plan developed by a county welfare department or its designee per MPP sections 69-206.52, 69-206.53, or 69-206.54, or is part of a plan for an unaccompanied minor meeting the requirements of sections 69-213.23 or 69- 213.62.

#### 50258. Qualified Medicare Beneficiary Program.

(a) Eligibility Criteria: To receive Medi-Cal benefits under the Qualified Medicare Beneficiary program an individual eligible for such benefits must:

(1) Be entitled to Part A Medicare hospital insurance benefits, and

(2) Meet the qualifying income level as defined in section 50570 (the share of cost process for incurred medical expenses under article 12 of this chapter is not applicable under this program), and

(3) Meet the qualifying property (resource) limit as defined in section 50421.

(b) Period of Eligibility: Notwithstanding sections 50701, 50703 and 50710, eligibility for the Qualified Medicare Beneficiary Program shall begin the first of the month following the month of approval.

(c) Benefits: The Department shall pay: Medicare premiums, coinsurance, and deductibles for qualified Medicare beneficiaries as defined in section 50079.7.

50258.1. Specified Low-Income Medicare Beneficiary Program (SLMB).

(a) Eligibility Criteria: A SLMB is ineligible as a QMB solely due to excess income. To receive Medi-Cal benefits under the SLMB program an individual eligible for such benefits must:

(1) Be entitled to Part A Medicare hospital insurance benefits, and

(2) Meet the qualifying income level as defined in Section 50570(b) (the share of cost process for incurred medical expenses under Article 12 of this chapter is not applicable under this program), and

(3) Meet the qualifying property (resource) limit as defined in Section 50421.

(b) Period of Eligibility: Eligibility for the SLMB program shall begin the first month eligibility is approved. A SLMB may be eligible for up to three months of retroactive benefits from the month of application as provided in Section 50710 but no earlier than January 1, 1993.

(c) Benefits: The Department shall pay Medicare Part B premiums for SLMB as defined in Section 50091.5.

50259. Indochinese Refugee Status.

50260. 60-Day Postpartum Services Program.

A pregnant woman who was eligible for and received Medi-Cal during the last month of pregnancy, shall continue to be eligible for all pregnancy related and postpartum services, for a 60-day period beginning on the last day of pregnancy, regardless of whether the other conditions of eligibility are met. Eligibility for this program ends on the last day of the month in which the 60th day occurs.

50261. Special Medi-Cal Dialysis Programs.

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50262. Special Zero Share of Cost Programs for Pregnant Women and Infants.

The following eligibility criteria shall apply to pregnant women, and infants under one year old with a share of cost. As used in this section the terms "woman" and "women" mean any female regardless of age. Counties shall determine eligibility for applicants and beneficiaries under either of the programs described in subsections (a)(1) and (a)(2). Eligibility shall first be determined under subsection (a)(1).

(a) Eligibility criteria:

(1) 185 Percent Program. The net nonexempt Medi-Cal Family Budget Unit (MFBU) income of an otherwise eligible pregnant woman, or infant under one year old, shall be above the maintenance income need level but shall not exceed 185 percent of the federal poverty level, as revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97- 35).

(2) 200 Percent Program. The net nonexempt Medi-Cal Family Budget Unit (MFBU) income of an otherwise eligible pregnant woman, or infant under one year old, shall exceed 185 percent of the federal poverty level as specified in (a)(1) but shall not exceed 200 percent of the federal poverty level, as revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35).

(3) In determining net nonexempt income of the MFBU, all deductions and exemptions applicable solely to AFDC-MN persons or families, as provided in article 10, shall be allowed except health insurance premiums.

(4) A pregnant woman or infant may not reduce MFBU income to the 185 or 200 percent level by meeting a share of cost.

(5) If the pregnant woman and/or infant meet the requirements of the 200 Percent Program, but have assets which exceed the resource limit, the assets shall be waived for those applicants or beneficiaries in accordance with Section 50401(b).

(b) Period of Eligibility:

(1) Pregnant woman. Eligibility for the pregnant woman shall begin no earlier than the first day of the month for which pregnancy is verified. Eligibility shall end on the last day of the month of the 60-day period immediately following the last day of pregnancy.

(2) Infant. Eligibility for an infant shall end upon attainment of age one, unless the infant is an inpatient for whom medical services are provided during a continuous period which began before his/her first birthday. In that event, the infant shall continue to be eligible until the end of the stay for which the inpatient services are furnished.

(3) Retroactive eligibility. Eligibility for a pregnant woman or infant may be established retroactively in any of the three months immediately preceding the month of application as provided in section 50710.

(c) Scope of Benefits:

(1) A pregnant woman shall be eligible only for pregnancy related services, including services for conditions which complicate pregnancy.

(2) An otherwise eligible infant shall receive full Medi-Cal benefits if the infant is a United States citizen or meets the requirements of section 14007.5 of the Welfare and Institutions Code, as added by Statutes of 1988, chapter 1441, Section 3. If the infant does not meet the requirements of this subsection, services shall be restricted to treatment of emergency medical conditions only.

50262.3. Continued Eligibility Program for Pregnant/Postpartum Women and Infants.

(a) A pregnant woman who has applied for, been determined eligible for and is receiving Medi-Cal, shall continue to remain eligible for pregnancy-related services throughout the pregnancy and the 60-day postpartum period beginning on the last day of pregnancy, regardless of any increases in her family's income.

(b) Infants born to women who are eligible for and receiving Medi-Cal at the time of birth are automatically deemed eligible for one year without a separate Medi-Cal application and social security identification number. In addition, these infants shall remain eligible, regardless of any increases in the family's income, as long as the following conditions continue to apply:

(1) the infant continues to live with his/her mother; and

(2) the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant.

(c) Individuals described in (a) or (b) above must continue to meet all other eligibility criteria.

50262.5. Special Zero Share of Cost Program for Children of Age One Up to Age Six (133 Percent Program).

(a) Children who have attained one year of age but have not attained six years of age are eligible to receive Medi-Cal benefits under the 133 Percent program if the following conditions are satisfied:

(1) The net nonexempt Medi-Cal Family Budget Unit (MFBU) income of otherwise eligible children shall not exceed 133 percent of the federal income official poverty

line as defined by the Office of Management and Budget, and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35).

(2) In determining net nonexempt income of the MFBU, all deductions and exemptions applicable solely to AFDC-MN persons or families, as provided in article 10, shall be allowed except health insurance premiums.

(3) A child may not reduce MFBU income to the 133 percent level by meeting a share of cost.

(4) When determining eligibility for the 133 Percent Program, property shall be disregarded in accordance with Section 50401(c).

(b) Period of Eligibility:

(1) The period of eligibility for the 133 Percent program shall begin no earlier than the first day of the month of the child's first birthday unless the child is an inpatient for whom medical services are provided during a continuous period which began before his/her first birthday and he/she remains eligible under the 185 or 200 percent program. Once the continuous inpatient stay ends, the child must be evaluated for the 133 Percent program if he/she has not attained age six.

(2) The period of eligibility for the 133 Percent program shall end on the last day of the month in which the child attains age six unless the child is an inpatient for whom medical services are provided during a continuous period which began before his/her sixth birthday. In that event, the period of eligibility continues under the 133 Percent program until the end of the stay for which the inpatient services are furnished so long as the child would have remained eligible under the 133 Percent program but for attaining the age of six.

(c) Scope of Benefits:

(1) An otherwise eligible child shall receive full Medi-Cal benefits if the child is a United States citizen or meets the requirements of section 50302. If the child does not meet the requirements of this section, services shall be restricted to treatment of emergency medical conditions only.

(2) Services provided under this section shall not be subject to any share of cost requirements.

s 50262.6. Special Zero Share of Cost Program for Children of Age Six Up to Age Nineteen (100 Percent Program).

(a) Children who have attained six years of age but have not attained nineteen years of age are eligible to receive Medi-Cal benefits under the 100 Percent program if the following conditions are satisfied:

(1) The net nonexempt Medi-Cal Family Budget Unit (MFBU) income of otherwise eligible children shall not exceed 100 percent of the federal poverty level as defined in Section 50041.5.

(2) In determining net nonexempt income of the MFBU, all deductions and exemptions applicable solely to AFDC-MN persons or families, as provided in Article 10 of this chapter, shall be allowed except health insurance premiums.

(3) A child may not reduce MFBU income to the 100 percent level by meeting a share of cost.

(4) When determining eligibility for the 100 Percent Program, property shall be disregarded in accordance with Section 50401(c).

(5) Notwithstanding Section 50014, children are defined for this program as persons under 19 years of age.

(b) Period of Eligibility:

(1) The period of eligibility for the 100 Percent program shall begin no earlier than the first day of the month of the child's sixth birthday unless the child is an inpatient for whom medical services are provided during a continuous period that began before his/her sixth birthday and he/she remains eligible under Sections 50262 or 50262.5. Once the continuous inpatient stay ends, the child must be evaluated for the 100 Percent program if he/she has not attained age nineteen.

(2) The period of eligibility for the 100 Percent program shall end on the last day of the month in which the child attains age nineteen unless the child is an inpatient for whom medical services are provided during a continuous period that began before his/her sixth birthday. In that event, the period of eligibility continues under the 100 Percent program until the end of the stay for which the inpatient services are furnished so long as the child would have remained eligible under the 100 Percent program but for attaining the age of nineteen.

(c) Scope of Benefits:

(1) An otherwise eligible child shall receive full Medi-Cal benefits if the child is a United States citizen or meets the requirements of Section 50301. If the child does not meet the requirements of this section, services shall be restricted to treatment of emergency medical conditions and pregnancy related services only.

(2) Services provided under this section shall not be subject to any share of cost requirements.

50262.7. Targeted Case Management Services Program.

50263. MC 800 Program.

(a) The MC 800 program is an eligibility process that a county department may choose to utilize to determine eligibility for persons receiving health care services at either a county medical facility or a county contract hospital. This process shall not be utilized unless the county department executes a waiver agreeing to abide by payment adjustments made pursuant to post-audits conducted by the Department, in accordance with procedures established by the Director.

(b) If the county department chooses to utilize the MC 800 program, persons who meet the requirements set forth in (c) shall be allowed to select one of the following methods of having their eligibility determined:

(1) The Medi-Cal application process, as specified in Article 4.

(2) The MC 800 process, in accordance with Department procedures.

(c) Persons who may have their eligibility determined in accordance with the MC 800 program are those who meet the requirements of the MI program and are all of the following:

(1) At least 21 years of age.

(2) Not eligible under any PA, Other PA, MN or special program.

(3) Not currently certified as a Medi-Cal beneficiary.

(4) Not applying for coverage for any health care services received prior to admission to or receipt of services at the county medical facility or county contract hospital.

(5) Not being transferred to a long-term care or private medical facility.

(6) Not eligible under another public program that must bill Medi-Cal for health care services provided to that program's beneficiaries.

50264. Medi-Cal Special Treatment Programs.



- (a) Medi-Cal Special Treatment Programs consist of:  
(1) The Medi-Cal Special Treatment Programs -Only:

(A) The Medi-Cal Dialysis Only program which covers persons who are eligible under provisions of Article 17, only for dialysis and related services.

(B) The Medi-Cal Parenteral Hyperalimentation Only program which covers persons who are eligible under provisions of Article 17, only for parenteral hyperalimentation and related services.

- (2) The Medi-Cal Special Treatment Programs -Supplement:

(A) The Medi-Cal Dialysis Supplement program which covers persons eligible under the Medically Needy or the Medically Indigent programs and who also meet the applicable eligibility requirements contained in Article 17.

(B) The Medi-Cal Parenteral Hyperalimentation Supplement program which covers persons who are eligible under the Medically Needy or Medically Indigent programs and who also meet the applicable eligibility requirements contained in Article 17.

#### 50265. Medi-Cal Aid Codes.

(a) Aid codes shall be used in the classification and reporting of Medi-Cal beneficiaries as required by the Department's written procedures.

#### 50268. Tuberculosis (TB) Program.

(a) Eligibility Criteria: To be eligible under the Tuberculosis (TB) Program an individual shall:

(1) Be diagnosed by a Medi-Cal provider as infected with TB as defined in Section 51187.

(2) Have net nonexempt income as determined pursuant to Article 10 which does not exceed the maximum amount for a disabled individual as provided in 42 United States Code Section 1396a(a)(10)(A)(i).

(3) Have net nonexempt resources as determined pursuant to Article 9 which do not exceed the maximum amount for property reserve for a disabled individual as under 42 United States Code Section 1396a(a)(10)(A)(i). These amounts are specified in Section 50420.

(4) Meet the citizenship, immigration status, and documentation requirements for full Medi-Cal benefits as specified in Article 7.

(b) Period of Eligibility: Eligibility for the TB Program shall begin the first month eligibility is approved. A person with TB may be eligible for retroactive benefits in any of the three months immediately preceding the month of application as provided in Section 50710, but not earlier than October 1, 1994.

(c) Benefits: TB infected individuals under this program shall be eligible only for TB related services as defined in Section 51355.

(d) Individuals eligible under this program shall have no share of cost.